

Case Number:	CM15-0003732		
Date Assigned:	01/14/2015	Date of Injury:	10/10/2013
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male, who sustained an industrial injury on 10/10/2013. The diagnoses have included postconcussion headache, closed head injury, cervicogenic headache, occipital neuralgia, cervical facet and arthropathy and cervical sprain and strain. Treatment to date has included occipital and supraorbital nerve block and pain medications. Per the physician's periodic report/request for authorization from 12/10/2014, the injured worker complained of headaches and neck pain. He described sharp, burning pain of 4 on a scale of 0 to 10. He was sensitive to light and sound and had dizziness with his headache. Objective findings included tenderness to palpation over the cervical paraspinal muscles and also definite tenderness over the mastoid process. The physician requested authorization for a neuropsychological evaluation and treatment for both the closed head injury and headaches two times a week for three weeks. On 12/24/2014 Utilization Review non-certified a request for Neuropsychological Evaluation and Treatment, 2 times a week times 3 weeks, noting that the certified neuropsychological evaluation times one would be reasonable to address cognitive status and evaluation for psychological or cognitive deficits. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neuropsychological evaluation and treatment twice a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (12/05/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter | Neuropsychological testing; Cognitive therapy.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as headaches, dizziness, light/sound sensitivity, etc. The request for a neuropsychological evaluation appears reasonable and is recommended by the ODG for head injury. However, the request for treatment is premature as there has yet to be an evaluation to present more specific diagnostic information and appropriate treatment recommendations. As a result, the request for a neuropsychological evaluation and treatment twice a week for three weeks is not medically necessary. It is noted that the injured worker received a modified authorization for a neuropsychological evaluation only in response to this request.